



LANDLORDS QUESTIONNAIRE

Sovereign House Estates Ltd.

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THE ESSENTIAL INFORMATION ON THIS FORM IS REQUIRED FOR OUR FILES. IT MUST BE COMPLETED AND RETURNED TO OUR OFFICE BEFORE ANY TENANCY CAN COMMENCE.

1. Full names of landlords.

2. Landlords full postal address.

Postcode:

3. Landlords contact details.

Home Number:

Work Number:

Mobile Number:

Other Number:

E-Mail Address:

4. Full postal address of property to let.

Postcode:



5. Bank to whom monthly payments should be made.

Bank Name:

Bank Address:

Postcode:

Account Number:

Account Name:

Sort Code:

6. Utilities.

a. Is there a gas supply?

YES / NO

If 'YES' Who supplies the gas?

b. Who supplies the electricity?

c. Do you have a BT phone point installed?

YES / NO

d. Do you have a cable TV point?

YES / NO

e. Do you have a water meter?

YES / NO

f. Which council do you pay your council tax to?
(i.e. Hackney, Tower Hamlets)

g. Who supplies your water?



7. Gas (*appliances*) safety check.
Please list your gas appliances fitted within the property.

a. Have they been tested in the last 12 (*twelve*) months? YES / NO

If 'YES' please advise expiry date:

If 'NO' we can arrange the Gas Safety Certificate for you.

8. Electrical test.

An electrical test is recommended on all properties.

a. Would you like us to arrange one for you? YES / NO

If you have chosen 'NO' please sign & date the indemnity form on the last page of this document.

9. Fire and Furnishings Regulations. YES / NO

Do your soft furnishings (*sofas, chair seats, mattresses and bed bases*) conform to the Furniture and Furnishings (*Fire*) (*Safety*) Regulations 1988?

10. Does the property have an alarm? YES / NO

Alarm code (Entry):

Alarm code (Exit):

a. Any other information regarding the alarm system that we may find useful (*i.e. location of control panel etc.*)

b. Is the alarm maintained, or linked to the police? YES / NO



11. Inventory.

- a. Are you providing an inventory or a schedule of condition? YES / NO
- b. Do you wish to use our inventory service? YES / NO

12. Which service do you require? LET ONLY / MANAGED

13. Do you require Maras Rental Guarantee & Legal Expenses Insurance? YES / NO

14. Do you require Maras Buildings & Contents Insurance? YES / NO

15. Do you have your own plumber, electrician or general contractor that you would like us to use for any future problems? If so, please provide the details. Otherwise we will use someone from our list should the occasion arise.

16. Is the property and/or any communal areas (i.e. shared hallways, lifts, intercom, gardens etc.) maintained by a management company? YES / NO

If 'YES' please give the details below?

Company Name: _____

Contact: _____

Address: _____

Postcode: _____

Telephone Number: _____



Fax Number: _____

Mobile Number: _____

Website: _____

E-Mail Address: _____

17. Please can you tell us the locations for the following meters.

Gas: _____

Electricity: _____

Water: _____

18. Finally is there any other information that you would like to tell us that we may find useful.





Landlords Questionnaire - Signature of Landlord(s)

I/We hereby declare that the information given above is correct.

Signed (*Landlord 1*):

Signed (*Landlord 2*):

Print Name (*Landlord 1*):

Print Name (*Landlord 2*):

Date:





Electrical Equipment (*Safety*) Regulations 1994 – Indemnity Form

Full postal address of property to let.

Postcode:

I/We hereby acknowledge that Sovereign House Estates Ltd., have in accordance with their terms & conditions, and to comply with the above regulations, recommended an electrical safety check at my property.

I/We have instructed Sovereign House Estates Ltd. **NOT** to carry out an electrical safety check at the above property which is owned by **me/us**, as recommended, and agree to take full responsibility for any faults that occur whilst the property is occupied.

Signed (*Landlord 1*):

Signed (*Landlord 2*):

Print Name (*Landlord 1*):

Print Name (*Landlord 2*):

Date:

